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maintenance fee notification	ns.				•	s, and/or (b) indicating a se		
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22919 7590	06/30/2009			pa ha	pers. Each addition we its own certification	al paper, such as an assignm te of mailing or transmission.	ent or formal drawing, must	
GLOBAL IP COUNSELORS, LLP 1233 TWENTIETH STREET, NW, SUITE 700 WASHINGTON, DC 20036				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
				Γ			(Depositor's name)	
					**		(Signature)	
							(Date)	
APPLICATION NO.	ICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/539,556	10/539,556 06/17/2005 Jung			lee Ryu GK-US055148 9265			9265	
TITLE OF INVENTION: CONTENTS AND INFORMATION PROVIDING SERVICE SYSTEM FOR USING A CODE, USER TERMINAL,								
							DULE, AND THE METHOD	
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUB	LICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$755		\$300	\$1055	09/30/2009	
EXAN	EXAMINER		ART UNIT		SS-SUBCLASS			
AFSHAR, KAMRAN		2617		4	55-403000			
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Change of correspond	Correspondence	or agents OR, alternatively,						
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☐ "Fee Address" indica PTO/SB/47; Rev 03-02 o Number is required.	e of a Customer	2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
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(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
ICONLAB, INC.			Seoul, Republic of Korea					
Please check the appropriate	e assignee category or catego	ories (will not be pr	rinted on the p	patent):	☐ Individual ☑ (Corporation or other private g	group entity 🔲 Government	
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☑ Issue Fee			A check in the amount of the fee(s) is enclosed.					
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.					
Advance Order - # of Copies			☑ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number					
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Authorized Signature /Todd M. Guise/					Date	September 23, 2	2009	
Typed or printed name Todd M. Guise						n No. 46,74		
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